

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT NINETEEN (19) IN BLOCK SEVEN (7) IN ORD CITY SUBDIVISION NO. 3, BEING A SUBDIVISION OF THAT PART OF THE SOUTH-WEST QUARTER (1/4) OF THE SOUTH-WEST QUARTER (1/4) OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING EAST OF THE CHICAGO & WESTERN INDIANA RAILROAD RIGHT OF WAY, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER(S): 26-30-326-025-0000

PROPERTY ADDRESS: 2738 E. 130TH STREET, CHICAGO, IL 60633

Property of Cook County Clerk's Office



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 152399

Local No 900765

EDR No 00000631-152

State No 011874

1. Decedent's Legal Name (First, Middle, Last) BEATRICE KWIATKOWSKI				1a. Maiden Name (If female) KUROWSKI		2. Sex FEMALE	3. Time Of Death 14:20	4. Date Of Death (Month/Day/Year) 03/02/2018	
5. Social Security Number 354-26-5830		6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 10/17/1934		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name JOSEPH J KWIATKOWSKI				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation TELLER		17. Kind Of Business/Industry BANK	
18. Residence - State ILLINOIS			18a. County COOK		18b. City Or Town CHICAGO		18c. Street And Number 2738 EAST 130TH STREET	18d. Apt. No.	18e. Zip Code 60633
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) LEO KUROWSKI				23. Parent's Name (First, Middle, Last) ALBINA KUROWSKI			23a. Parent's Last Name Before First Marriage MENTECKI		
24. Informant's Name JOSEPH J. KWIATKOWSKI		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2738 EAST 130TH STREET, CHICAGO, IL 60633					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME INC - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number FH83002916		
27b. Signature Of Indiana Funeral Service Licensee: HENRY J BLAKE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01019406			
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only 1 Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PARKINSONS DISEASE, DYSPHAGIA, AND DEMENTIA WITH OBSCURE ONSET Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D.								Approximate Interval: Onset To Death YEARS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I SURGICALLY REPAIRED FRACTURE OF LEFT FEMUR, WEEKS AGO								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: LYLE R. MUNN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321						44. License Number 01031582A		45. Date Certified 03/05/2018	
46. Additional Funeral Service Provider: OPYT FUNERAL HOME						47. *Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 07 2018			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
18c-Pre Direction: SOUTH 14: JOSEPH KWIATKOWSKI 49: 03/07/2018 15-Middle: 24b-Pre Direction: SOUTH									

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAR 07 2018

RAISED SEAL AFFIXED